

=> (ANCA or pANCA) and (fecal or feces or stool)

L1 0 FILE AGRICOLA
L2 1 FILE BIOTECHNO
L3 1 FILE CONFSCI
L4 0 FILE HEALSAFE
L5 3 FILE LIFESCI
L6 6 FILE PASCAL

TOTAL FOR ALL FILES

L7 11 (ANCA OR PANCA) AND (FECAL OR FECES OR STOOL)

=> dup rem

ENTER L# LIST OR (END):17

PROCESSING COMPLETED FOR L7

L8 10 DUP REM L7 (1 DUPLICATE REMOVED)

=> d l8 ibib abs total

L8 ANSWER 1 OF 10 LIFESCI COPYRIGHT 2010 CSA on STN

ACCESSION NUMBER: 2009:347534 LIFESCI

TITLE: Intestinal Microbiota in Exclusively Breast-Fed Infants
with Blood-Streaked Stools

AUTHOR: Nevoral, J.; Rada, V.; Vlkova, E.; Blahova, K.; Bronsky,
J.; Bubakova, D.; Killer, J.

CORPORATE SOURCE: Department of Pediatrics, 2nd Medical School of the Charles
University in Prague and University Hospital Motol, 150 06
Prague, Czech Republic; E-mail: jiri.nevoraleznam.cz

SOURCE: Folia Microbiologica [Folia Microbiol.], (20090000) vol.
54, no. 2, pp. 167-171.
ISSN: 0015-5632.

DOCUMENT TYPE: Journal

FILE SEGMENT: F; J; A

LANGUAGE: English

SUMMARY LANGUAGE: English

AB Intestinal microbiota in exclusively breast-fed infants with
blood-streaked stools and in healthy exclusively breast-fed
babies was compared. Total anaerobes, bifidobacteria, lactobacilli,
conform bacteria, enterococci and clostridia were quantified by
cultivation methods in feces of 17 full-term exclusively
breastfed patients (aged 16.3 plus or minus 7.4 weeks) with blood-streaked
stools and in the control group of 22 healthy full-term
exclusively breast-fed infants (13.7 plus or minus 6.4 weeks). Specific
fluorescence in situ hybridization kits for Bifidobacterium spp. were used
for the quantitative detection of bifidobacteria in samples. Control
samples had significantly ($p < 0.05$) higher counts of total anaerobes.
Bifidobacteria were not detected in patients' samples in 65% and in
controls in 36% ($p < 0.01$). Bifidobacteria counts were also significantly
higher in the control group ($p < 0.01$). Furthermore, clostridia strains
were detected only in feces from bifidobacteria-negative infants
reaching counts $>8 \log \text{CFU/g}$. Lactobacilli were not detected in 65%
patients and in 45% control samples. However, this difference was not
significant as well as the difference in lactobacilli counts. Eosinophilia
was observed in 35% of patients, low IgA concentration in 71% and also low
IgG concentration in 71%. pANCA positivity was found in 53% of
patients. In conclusion a significant low proportion of bifidobacterial
microbiota in patients with blood-streaked stools was shown in
comparison with controls.

L8 ANSWER 2 OF 10 LIFESCI COPYRIGHT 2010 CSA on STN

ACCESSION NUMBER: 2009:329032 LIFESCI
TITLE: Antibodies to flagellin indicate reactivity to bacterial antigens in IBS patients
AUTHOR: schoepfer, a. m.; schaffer, t.; seibold-schmid, b.; mueller, s.; seibold, f.
CORPORATE SOURCE: *Department of Gastroenterology, Inselspital, Bern University Hospital, Bern, Switzerland; E-mail: alain.schoepfer@insel.ch
SOURCE: Neurogastroenterology and Motility [Neurogastroenterol. Motility], (20081000) vol. 20, no. 10, pp. 1110-1118. ISSN: 1350-1925.
DOCUMENT TYPE: Journal
FILE SEGMENT: N3; F; A
LANGUAGE: English
SUMMARY LANGUAGE: English

AB Abstract One of the several possible causes of irritable bowel syndrome (IBS) is thought to be low-grade mucosal inflammation. Flagellin, the primary structural component of bacterial flagellae, was shown in inflammatory bowel disease patients to activate the innate and adaptive immunity. It has not yet been conclusively established if IBS patients show reactivity to luminal antigens. In 266 patients [112 IBS, 61 Crohn's disease (CD), 50 ulcerative colitis (UC) and 43 healthy controls (HC)], we measured antibodies to flagellin (FAB, types A4-Fla2 and Fla-X), anti-Saccharomyces cerevisiae antibodies (ASCA) (both ELISA), antipancreas antibodies (PAB) and perinuclear antineutrophil cytoplasmatic antibodies (p-ANCA) (both IF). All IBS patients had normal fecal calprotectin (mean 21 $\mu\text{g mL}^{-1}$, SD 6.6) and fulfilled the ROME II criteria. Frequencies of antibodies in patients with IBS, CD, UC and HC, respectively, are as follows (in per cent): antibodies against A4-Fla2: 29/48/8/7; antibodies against Fla-X: 26/52/10/7; ASCA: 6/59/0/2; p-ANCA: 0/10/52/0; and PAB: 0/28/0/0. Antibodies against A4-Fla2 and Fla-X were significantly more frequent in IBS patients than in HC ($P=0.004$ and $P=0.009$). Antibodies to A4-Fla2 and Fla-X were significantly more frequent in IBS patients with antecedent gastroenteritis compared to non-postinfectious IBS patients ($P=0.002$ and $P=0.012$). In contrast to ASCA, PAB and p-ANCA, antibodies against A4-Fla2 and Fla-X were found significantly more often in IBS patients, particularly in those with postinfectious IBS, compared to HC. This observation supports the concept that immune reactivity to luminal antigens has a putative role in the development of IBS, at least in a subset of patients.

L8 ANSWER 3 OF 10 PASCAL COPYRIGHT 2010 INIST-CNRS. ALL RIGHTS RESERVED.
on STN

ACCESSION NUMBER: 2006-0102254 PASCAL
COPYRIGHT NOTICE: Copyright .COPYRG. 2006 INIST-CNRS. All rights reserved.
TITLE (IN ENGLISH): Combined use of noninvasive tests is useful in the initial diagnostic approach to a child with suspected inflammatory bowel disease
AUTHOR: BERNI CANANI Roberto; TANTURRI DE HORATIO Laura; TERRIN Gianluca; ROMANO Maria Teresa; MIELE Erasmo; STAIANO Annamaria; RAPACCIUOLO Luciano; POLITO Gaetano; BISESTI Vincenzo; MANGUSO Francesco; VALLONE Gianfranco; SODANO Antonio; TRONCONE Riccardo
CORPORATE SOURCE: Department of Pediatrics, University Federico II of Naples, Naples, Italy; Department of Systematic Pathology, Nephrology Unit, University Federico II of Naples, Naples, Italy; Department of Clinical and Experimental Medicine, University Federico II of Naples, Naples, Italy; Department of Biomorphologic and Functional Sciences, University Federico II of

SOURCE: Naples, Naples, Italy
 Journal of pediatric gastroenterology and nutrition,
 (2006), 42(1), 9-15, 36 refs.
 ISSN: 0277-2116 CODEN: JPGND6

DOCUMENT TYPE: Journal
 BIBLIOGRAPHIC LEVEL: Analytic
 COUNTRY: United States
 LANGUAGE: English
 AVAILABILITY: INIST-19156, 354000134518940020

AN 2006-0102254 PASCAL
 CP Copyright .COPYRG. 2006 INIST-CNRS. All rights reserved.
 AB Objective: To assess the effectiveness of the combined use of
 fecal calprotectin (FC), anti-Saccharomyces cerevisiae antibody
 (ASCA), perinuclear staining antineutrophil antibody (pANCA),
 small intestinal permeability test (IP), and bowel wall ultrasonography
 measurement (BWUS) in the diagnostic work-up of children with suspected
 inflammatory bowel disease (IBD). Methods: All children referred for
 initial assessment of possible IBD were eligible. Patients with symptoms
 or signs (right-lower quadrant mass, perianal disease, or hematochezia)
 mandating a complete work-up for IBD were excluded. All enrolled patients
 underwent a clinical, laboratory, radiographic, and endoscopic evaluation
 including biopsy examinations. The immunoglobulin (Ig)G and IgA ASCA, IgG
 pANCA, FC, IP, and BWUS were tested in all patients at the
 initial assessment. Results: A final diagnosis of IBD was made in 27
 patients: 17 Crohn disease and 10 ulcerative colitis. Eighteen children
 had other gastrointestinal diagnoses (8 functional bowel disorders, 5
 food allergy-mediated diseases, 4 infectious enterocolitis, 1 familial
 Mediterranean fever). In patients with simultaneous abnormal values of
 FC, BWUS, and ASCA/pANCA, the estimated probability of having
 IBD was 99.47%. Patients with negative results on all tests had a 0.69%
 of probability of IBD. Conclusions: The incorporation of noninvasive
 diagnostic tests into the initial diagnostic approach may avoid
 unnecessary invasive procedures and facilitate clinical decision-making
 when the diagnosis of IBD in children is initially uncertain.

L8 ANSWER 4 OF 10 PASCAL COPYRIGHT 2010 INIST-CNRS. ALL RIGHTS RESERVED.
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ACCESSION NUMBER: 2004-0290201 PASCAL
 COPYRIGHT NOTICE: Copyright .COPYRG. 2004 INIST-CNRS. All rights
 reserved.

TITLE (IN ENGLISH): The diagnosis and treatment of pouchitis in
 inflammatory bowel disease
 Yale University Workshop Report: Colitis: Problems in
 Pathologic and Clinical Diagnosis Indeterminate,
 Microscopic, and Diverticulitis

AUTHOR: CHEIFETZ Adam; ITZKOWITZ Steven
 FLOCH Martin H. (ed.); WEST A. Brian (ed.); NAIR
 Saraswathi (ed.)

CORPORATE SOURCE: Mount Sinai School of Medicine, New York, New York,
 United States
 Digestive Disease Section, Yale University School of
 Medicine/ Norwalk Hospital, Norwalk, Connecticut,
 United States; Department of Pathology, New York
 University, 560 First Avenue, New York, NY 10016,
 United States; Norwalk Hospital, 24 Stevens Street,
 Norwalk, CT 06856, United States

SOURCE: Journal of clinical gastroenterology, (2004), 38(5,
 SUP), S44-S50, 47 refs.
 ISSN: 0192-0790 CODEN: JCGADC

DOCUMENT TYPE: Journal
 BIBLIOGRAPHIC LEVEL: Analytic

COUNTRY: United States
LANGUAGE: English
AVAILABILITY: INIST-18331, 354000111881670090

AN 2004-0290201 PASCAL

CP Copyright .COPYRGT. 2004 INIST-CNRS. All rights reserved.

AB The ileal pouch anal anastomosis (IPAA) procedure has become the preferred surgical option for most patients with ulcerative colitis who require surgical removal of the colorectum. The vast majority of patients with this new anatomy will either not develop pouchitis or develop a few discrete episodes of acute pouchitis. However approximately one fourth of patients will develop recurrent pouchitis, with 5% being categorized as chronic pouchitis requiring maintenance therapy or, on rare occasion, pouch excision. Factors that are associated with an increased risk of pouchitis include primary sclerosing cholangitis, extraintestinal manifestations, and nonsmokers. Controversy surrounds other risk factors such as extent of colitis, backwash ileitis, preoperative pANCA levels, and carrying a specific allele for IL-1 receptor antagonist. The etiology of pouchitis is unknown, but theories range from genetic susceptibility, bacterial overgrowth, ischemia, and fecal stasis, to a recurrence of ulcerative colitis in the pouch, a missed diagnosis of Crohn's disease, or possibly a novel third form of inflammatory bowel disease. Some patients with symptoms of pouchitis will not have inflammation of the pouch, but rather, irritable pouch syndrome. Thus, endoscopic investigation with biopsy is important for declaring whether a patient has pouchitis. Indeed, the more commonly used scores, such as the pouch disease activity index, incorporate both endoscopic and histologic criteria. Not surprisingly, treatment options for patients with pouchitis resemble that of regular inflammatory bowel disease, although there have only been a few controlled trials. Antibiotics are the mainstay of therapy, with metronidazole and ciprofloxacin demonstrating benefit in controlled trials. Probiotics are effective for maintaining remission of pouchitis. Mesalamine, corticosteroids, and immunomodulators have been used with some success. Occasionally, patients with well-documented ulcerative colitis as the indication for IPAA will develop what appears to be Crohn's disease of the pouch, on the basis of granulomatous inflammation, pre-pouch ileitis, or fistulae. The treatment is similar to Crohn's disease, including the use of infliximab. Dysplasia within the pouch mucosa itself is quite rare. Reports of dysplasia occurring in patients with IPAA are usually due to neoplastic change within the residual cuff of rectal or transition zone mucosa just below the pouch, rather than in the ileal mucosa of the pouch. With further elucidation of the genetic basis for inflammatory bowel disease, we should be able to more accurately classify patients with ulcerative colitis and Crohn's disease genotypically. Hopefully, this will also bring more clarity to the heterogeneous population of patients with pouchitis and allow for more focused therapeutic strategies.

L8 ANSWER 5 OF 10 PASCAL COPYRIGHT 2010 INIST-CNRS. ALL RIGHTS RESERVED.
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ACCESSION NUMBER: 2001-0286151 PASCAL

COPYRIGHT NOTICE: Copyright .COPYRGT. 2001 INIST-CNRS. All rights reserved.

TITLE (IN ENGLISH): Pyoderma gangrenosum associated with c-ANCA
(h-lamp-2)

AUTHOR: HOFFMAN Mark D.

CORPORATE SOURCE: Rush-Presbyterian-St Luke's Medical Center, Chicago, Illinois, United States

SOURCE: International journal of dermatology, (2001), 40(2), 135-137, 25 refs.

ISSN: 0011-9059 CODEN: IJDEBB

DOCUMENT TYPE: Journal

BIBLIOGRAPHIC LEVEL: Analytic
COUNTRY: United Kingdom
LANGUAGE: English
AVAILABILITY: INIST-11580, 354000095119410110

AN 2001-0286151 PASCAL

CP Copyright .COPYRGT. 2001 INIST-CNRS. All rights reserved.

AB An 18-year-old African-American woman presented with a 3-week history of painful ulcerations on her legs and trunk; she linked their onset to a fall and injury to the ankle. Well-circumscribed hemorrhagic ulcerations with ragged borders were noted on the legs, thighs, hands, and breasts. A skin biopsy demonstrated abscess formation and focal dermal necrosis compatible with a diagnosis of pyoderma gangrenosum. A laboratory work-up disclosed the following: white blood cells (WBC) 9.5 cells/mm³, hemoglobin 10.5g/dL; erythrocyte sedimentation rate (ESR) 33 mm/h (0-20); c-ANCA (ANCA, antineutrophil cytoplasmic antibody) titer 1 : 320. Further testing revealed that the ANCA targeted both human lysosomal-associated membrane protein-2 (h-lamp-2) (> 200 EIA units [< 10]) and bactericidal/permeability increasing protein (BPI) (21 EIA units [< 10]), but neither proteinase-3 (PR3) nor myeloperoxidase (MPO). The ANCA isotypes were both immunoglobulin G (IgG) and IgA. Urinalysis, antinuclear antibodies (ANA), antiphospholipid antibodies, serum protein immunofixation electrophoreses, and chest X-ray were unremarkable. Therapy with minocycline was initiated pending biopsy results, with a favorable but incomplete response. Oral prednisone was added at 0.6 mg/kg/day, resulting in closure of all lesions except those on the lower legs. These lesions resisted subsequent trials of topical nitroglycerine and clofazimine. During questioning the patient acknowledged having three loose stools daily. She also reported an isolated episode of blood in her stool. A colonoscopy was performed, ulcerative colitis was diagnosed, and therapy with mesalamine was begun. At the family's request, the prednisone was stopped, notwithstanding the persistence of ankle ulcerations, and oral tacrolimus was administered at 0.2/mg/kg/day, leading to further improvement. Tacrolimus-induced hypomagnesemia and paresthesias precluded the use of higher doses, and this agent was discontinued. Reinstitution of prednisone combined with dapsone ultimately led to complete healing.

L8 ANSWER 6 OF 10 PASCAL COPYRIGHT 2010 INIST-CNRS. ALL RIGHTS RESERVED.
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ACCESSION NUMBER: 1999-0173219 PASCAL

COPYRIGHT NOTICE: Copyright .COPYRGT. 1999 INIST-CNRS. All rights reserved.

TITLE (IN ENGLISH): Clinical and biological characteristics of immunopathological disease-related erythema nodosum in children

AUTHOR: PICCO P.; GATTORNO M.; VIGNOLA S.; BARABINO A.; MARAZZI M. G.; BONDI E.; PISTOIA V.; BUONCOMPAGNI A.

CORPORATE SOURCE: 2nd Division of Pediatrics, "G Gaslini" Scientific Institute, Genoa, Italy; 3rd Division of Pediatrics, "G Gaslini" Scientific Institute, Genoa, Italy; 1st Clinic of Infectious Disease, "G Gaslini" Scientific Institute, Genoa, Italy; Laboratory of Oncology, "G Gaslini" Scientific Institute, Genoa, Italy

SOURCE: Scandinavian journal of rheumatology, (1999), 28(1), 27-32, 23 refs.

ISSN: 0300-9742 CODEN: SJRHAT

DOCUMENT TYPE: Journal

BIBLIOGRAPHIC LEVEL: Analytic

COUNTRY: Norway

LANGUAGE: English

AVAILABILITY: INIST-4382, 354000073934820040

AN 1999-0173219 PASCAL
CP Copyright .COPYRGT. 1999 INIST-CNRS. All rights reserved.
AB We report a series of 22 children with idiopathic, drug unrelated erythema nodosum (EN) admitted to our Department. In 5 of them an history of streptococcal pharyngitis was referred; the remaining patients came to us with a diagnosis of "EN of unknown origin". Acute phase reactants, immunoglobulins, stool $\alpha 1$ antitrypsin, ANA, anti dsDNA antibodies and ANCA assay, chest roentgenogram, tuberculin test, and ophthalmologic assessment were performed in all patients. Etiologic diagnosis was made in 16 patients: Streptococcal pharyngitis (5 cases), chronic inflammatory bowel disease, IBD (3 cases), Behcet syndrome (2 cases), Yersinia enteritis (2 cases), infectious mononucleosis, atypical mycobacterial infection, immunodeficiency related infection, and SLE-like syndrome due to C4 deficiency (1 case each). We found oral/scrotal aphthae in 3 cases, gastrointestinal symptoms in 5 cases, arthritis in 3 cases. Acute phase reactants were positive in 16 patients without correlation to the underlying disease. Conversely, the increased $\alpha 1$ antitrypsin stool excretion and IgA serum concentration seemed to represent helpful indicators of IBD and Behcet syndrome, respectively. Proinflammatory cytokine pattern showed increased IL6 serum concentrations both in infectious and in non infectious disease-related EN, whereas a minor involvement of TNF was found in these patients.

L8 ANSWER 7 OF 10 LIFESCI COPYRIGHT 2010 CSA on STN
ACCESSION NUMBER: 2008:36252 LIFESCI
TITLE: Clinical and Biological Characteristics of Immunopathological Disease-related Erythema Nodosum in Children
AUTHOR: Picco M; Gattorno S; Vignola A; Barabino M. G; Marazzi E; Bondi V; Pistoia A; Buoncompagni P.
SOURCE: Scandinavian Journal of Rheumatology [Scand. J. Rheumatol.] (19990315) vol. 28, no. 1, pp. 26-31.
, ISSN: 0300-9742.
DOCUMENT TYPE: Journal
FILE SEGMENT: F
LANGUAGE: English
SUMMARY LANGUAGE: English

AB We report a series of 22 children with idiopathic, drug unrelated erythema nodosum (EN) admitted to our Department. In 5 of them an history of streptococcal pharyngitis was referred; the remaining patients came to us with a diagnosis of "EN of unknown origin". Acute phase reactants, immunoglobulins, stool $\alpha 1$ antitrypsin, ANA, anti dsDNA antibodies and ANCA assay, chest roentgenogram, tuberculin test, and ophthalmologic assessment were performed in all patients. Etiologic diagnosis was made in 16 patients: Streptococcal pharyngitis (5 cases), chronic inflammatory bowel disease, IBD (3 cases), Behcet syndrome (2 cases), Yersinia enteritis (2 cases), infectious mononucleosis, atypical mycobacterial infection, immunodeficiency related infection, and SLE-like syndrome due to C4 deficiency (1 case each). We found oral/scrotal aphthae in 3 cases, gastrointestinal symptoms in 5 cases, arthritis in 3 cases. Acute phase reactants were positive in 16 patients without correlation to the underlying disease. Conversely, the increased $\alpha 1$ antitrypsin stool excretion and IgA serum concentration seemed to represent helpful indicators of IBD and Behcet syndrome, respectively. Proinflammatory cytokine pattern showed increased IL6 serum concentrations both in infectious and in non infectious disease-related EN, whereas a minor involvement of TNF was found in these patients.

L8 ANSWER 8 OF 10 PASCAL COPYRIGHT 2010 INIST-CNRS. ALL RIGHTS RESERVED.
on STN

ACCESSION NUMBER: 1998-0015783 PASCAL
COPYRIGHT NOTICE: Copyright .COPYRGT. 1997 INIST-CNRS. All rights reserved.
TITLE (IN ENGLISH): Anti-neutrophil cytoplasmic antibodies in inflammatory bowel disease with special attention for IgA-class antibodies
AUTHOR: GIGASE P.; DE CLERCK L. S.; VAN COTTHEM K. A.; BRIDTS C. H.; STEVENS W. J.; VAN OUTRYVE M.; PELCKMANS P. A.
CORPORATE SOURCE: University of Antwerp, Antwerp, Belgium
SOURCE: Digestive diseases and sciences, (1997), 42(10), 2171-2174, 20 refs.
ISSN: 0163-2116 CODEN: DDSCDJ
DOCUMENT TYPE: Journal
BIBLIOGRAPHIC LEVEL: Analytic
COUNTRY: United States
LANGUAGE: English
AVAILABILITY: INIST-5060, 354000069473610290

AN 1998-0015783 PASCAL

CP Copyright .COPYRGT. 1997 INIST-CNRS. All rights reserved.

AB Perinuclear anti-neutrophil cytoplasmic antibodies (P-ANCA) of the IgG class have been reported in inflammatory bowel disease, mainly in ulcerative colitis. Since this disease affects the gastrointestinal tract, we determined whether IgA class ANCA were present in inflammatory bowel disease. We used an indirect immunofluorescence assay for IgG and IgA ANCA testing. Sera from 34 patients with Crohn's disease and 29 patients with ulcerative colitis were collected together with clinical and laboratory data. We found IgA class ANCA of a perinuclear type in 52% of patients with ulcerative colitis and in 9% of Crohn's disease patients. There was a significant association between the presence of IgA ANCA and the occurrence of blood in the feces in the ulcerative colitis group ($P = 0.03$). IgG ANCA was found in 56% of patients with ulcerative colitis and in 7% of patients with Crohn's disease. Because of partial overlap between IgG and IgA ANCA positivity, the sensitivity of ANCA testing in ulcerative colitis increased from 56% up to 78% by combining IgG and IgA assays. In conclusion, IgA ANCA occurs with a high prevalence in ulcerative colitis. Moreover there is a possible relationship between IgA ANCA and disease activity in ulcerative colitis.

L8 ANSWER 9 OF 10 BIOTECHNO COPYRIGHT 2010 Elsevier Science B.V. on STN DUPLICATE

ACCESSION NUMBER: 1993:23181871 BIOTECHNO
TITLE: Ulcerative colitis and antineutrophil cytoplasmic antibodies in Hong Kong Chinese
AUTHOR: Sung J.Y.; Chan K.L.; Hsu R.; Liew C.T.; Lawton J.W.M.
CORPORATE SOURCE: Department of Medicine, Prince of Wales Hospital, Chinese University of Hong Kong, Shatin, Hong Kong.
SOURCE: American Journal of Gastroenterology, (1993), 88/6 (864-869)
CODEN: AJGAAR ISSN: 0002-9270
DOCUMENT TYPE: Journal; Article
COUNTRY: United States
LANGUAGE: English
SUMMARY LANGUAGE: English

AN 1993:23181871 BIOTECHNO

AB Inflammatory bowel diseases are known to be rare among the Chinese. The diagnosis of ulcerative colitis has been difficult in some of the Asian countries where infective colitis is more prevalent. Twenty-three Hong Kong Chinese patients diagnosed to have ulcerative colitis were reviewed. The symptoms were relatively mild and extraintestinal manifestation had

been rare. Patients responded well to steroid therapy and sulfasalazine. Three patients in this series were found to have cyst and/or trophozoites of *Entamoeba histolytica* in stool. In this series, 19 patients were tested for antineutrophil cytoplasmic antibody (ANCA). Fourteen patients (73.5%) were positive, of which six (31.5%) showed a perinuclear staining pattern and eight (42%) demonstrated a cytoplasmic pattern. Five patients (26.5%) were negative for any ANCA, and none was positive for both. Sera of these patients were also tested for anti- α granules, anti-myeloperoxidase, and anti-lactoferrin activities. None was positive. Control sera collected from 16 patients with irritable bowel syndrome were all negative for the tests. In conclusion, testing of ANCAs may help in making the diagnosis of idiopathic inflammatory bowel disease in difficult situations.

L8 ANSWER 10 OF 10 CONFSCI COPYRIGHT 2010 CSA on STN
ACCESSION NUMBER: 2007:35892 CONFSCI
DOCUMENT NUMBER: 07-007210
TITLE: Fecal Calprotectin, ANCA and ASCA in
the Diagnosis of IBD
AUTHOR: Iardino, P.; Formicola, V.; Tamburro, G.
CORPORATE SOURCE: Department Ass. Medicine Laboratory, II University of
Naples, Naples, Italy
SOURCE: 000 0000: 5th International Congress on Autoimmunity
(00000000). Sorrento (Italy). 29 Nov-3 Dec 2006. Kenes
International.
DOCUMENT TYPE: Conference
FILE SEGMENT: DCCP
LANGUAGE: UNAVAILABLE

=> boone j/au

L9 2 FILE AGRICOLA
L10 7 FILE BIOTECHNO
L11 6 FILE CONFSCI
L12 2 FILE HEALSAFE
L13 9 FILE LIFESCI
L14 23 FILE PASCAL

TOTAL FOR ALL FILES

L15 49 BOONE J/AU

=> l15 and (fecal or stool or feces)

L16 0 FILE AGRICOLA
L17 1 FILE BIOTECHNO
L18 1 FILE CONFSCI
L19 0 FILE HEALSAFE
L20 0 FILE LIFESCI
L21 0 FILE PASCAL

TOTAL FOR ALL FILES

L22 2 L15 AND (FECAL OR STOOL OR FECES)

=> d l22 ibib abs total

L22 ANSWER 1 OF 2 BIOTECHNO COPYRIGHT 2010 Elsevier Science B.V. on STN
ACCESSION NUMBER: 2003:36741528 BIOTECHNO
TITLE: Fecal lactoferrin is a sensitive and
specific marker in identifying intestinal inflammation
AUTHOR: Kane S.V.; Sandborn W.J.; Rufo P.A.; Zholudev A.;
Boone J.; Lyerly D.; Camilleri M.; Hanauer
S.B.

CORPORATE SOURCE: Dr. S.V. Kane, Department of Medicine, University of Chicago, MC 4076, 5841 South Maryland Avenue, Chicago, IL 60637, United States.

SOURCE: American Journal of Gastroenterology, (01 JUN 2003), 98/6 (1309-1314), 15 reference(s)
CODEN: AJGAAR ISSN: 0002-9270

DOCUMENT TYPE: Journal; Article

COUNTRY: United States

LANGUAGE: English

SUMMARY LANGUAGE: English

AN 2003:36741528 BIOTECHNO

AB OBJECTIVE: Lactoferrin is a glycoprotein expressed by activated neutrophils. The aim of this study was to determine the sensitivity and specificity of fecal lactoferrin concentrations for inflammatory bowel disease (IBD) or irritable bowel syndrome (IBS) versus healthy controls. METHODS: Fresh stool samples were collected from outpatients with ulcerative colitis (UC), Crohn's disease (CD), or IBS. Clinical disease activity for IBD was assessed using a modified Harvey-Bradshaw Activity Index. Fecal lactoferrin concentrations were determined using a polyclonal antibody-based enzyme linked immunoassay. Mean fecal lactoferrin concentrations for each group and sensitivity and specificity of the assay were determined. RESULTS: One hundred-four CD patients, 80 UC patients, 31 IBS patients, and 56 healthy controls were recruited. The mean \pm SE fecal lactoferrin concentration ($\mu\text{g/g}$ fecal weight) was 440 ± 128 for CD patients, 1125 ± 498 for UC patients, 1.27 ± 0.29 for IBS patients, and 1.45 ± 0.4 for healthy controls. Fecal lactoferrin was 90% specific for identifying inflammation in patients with active IBD. Elevated fecal lactoferrin was 100% specific in ruling out IBS. CONCLUSIONS: Fecal lactoferrin is sensitive and specific for detecting inflammation in chronic IBD. This noninvasive test may prove useful in screening for inflammation in patients presenting with abdominal pain and diarrhea. .COPYRGT. 2003 by Am. Coll. of Gastroenterology.

L22 ANSWER 2 OF 2 CONFSCI COPYRIGHT 2010 CSA on STN

ACCESSION NUMBER: 2009:28639 CONFSCI

DOCUMENT NUMBER: 09-234293

TITLE: Comparison of fecal lactoferrin, crp and clinical activity indices for assessing the presence of intestinal inflammation in ibd and ibs patients classified by ileocolonoscopy

AUTHOR: Langhorst, J.; Boone, J.; Rueffer, A.; Michalsen, A.; Dobos, G. J.

CORPORATE SOURCE: Department of Internal und Integrative Medicine, Kliniken Essen-Mitte, University of Duisburg-Essen, Essen, Germany

SOURCE: 000 0000: 16th United European Gastroenterology Week (UEGW 2008) (00000000). Vienna (Austria). 18-22 Oct 2008. United European Gastroenterology Federation (UEGF).

DOCUMENT TYPE: Conference

FILE SEGMENT: DCCP

LANGUAGE: UNAVAILABLE

=> lyerly d/au

L23 0 FILE AGRICOLA

L24 10 FILE BIOTECHNO

L25 7 FILE CONFSCI

L26 0 FILE HEALSAFE

L27 13 FILE LIFESCI

L28 14 FILE PASCAL

TOTAL FOR ALL FILES
L29 44 LYERLY D/AU

=> l29 and (FECAL OR STOOL OR FECES)

L30 0 FILE AGRICOLA
L31 5 FILE BIOTECHNO
L32 1 FILE CONFSCI
L33 0 FILE HEALSAFE
L34 4 FILE LIFESCI
L35 2 FILE PASCAL

TOTAL FOR ALL FILES
L36 12 L29 AND (FECAL OR STOOL OR FECES)

=> dup rem
ENTER L# LIST OR (END):l36
PROCESSING COMPLETED FOR L36
L37 7 DUP REM L36 (5 DUPLICATES REMOVED)

=> d l37 ibib abs total

L37 ANSWER 1 OF 7 LIFESCI COPYRIGHT 2010 CSA on STN
ACCESSION NUMBER: 2004:41364 LIFESCI
TITLE: Prevention of intestinal amebiasis by vaccination with the
Entamoeba histolytica Gal/GalNac lectin
AUTHOR: Houpt, E.; Barroso, L.; Lockhart, L.; Wright, R.; Cramer,
C.; Lyerly, D.; Petri, W.A.
CORPORATE SOURCE: Division of Infectious Diseases and International Health,
Department of Medicine, University of Virginia, 300 Lane
Rd. P.O. Box 801340, MR4 Building Room 2115,
Charlottesville, VA 22908, USA; E-mail: erh6k@virginia.edu
SOURCE: Vaccine, (20040100) vol. 22, no. 5-6, pp. 612-618.
ISSN: 0264-410X.
DOCUMENT TYPE: Journal
FILE SEGMENT: F; K
LANGUAGE: English
SUMMARY LANGUAGE: English

AB Prevention of intestinal infection by *Entamoeba histolytica* would block both invasive disease and parasite transmission. The amebic Gal/GalNac lectin mediates parasite adherence to the colonic surface and fecal anti-lectin IgA is associated with protection from intestinal reinfection in children. We tested if vaccination with the *E. histolytica* Gal/GalNac lectin could prevent cecal infection in a C3H mouse model of amebic colitis. Two trials using native lectin purified from the parasite and two trials using a 64 kDa recombinant fragment ('LecA') were performed with a combined intranasal and intraperitoneal immunization regimen using cholera toxin and Freund's adjuvants, respectively. Two weeks after immunization mice were challenged intracecally with trophozoites, and 4-12 weeks after challenge mice were sacrificed for histopathologic evaluation of infection. Vaccination prevented intestinal infection with efficacies of 84 and 100% in the two native lectin trials and 91 and 34% in the two LecA trials. Mice with detectable pre-challenge fecal anti-lectin IgA responses were significantly more resistant to infection than mice without fecal anti-lectin IgA responses. These results show for the first time that immunization with the Gal/GalNac lectin can prevent intestinal amebiasis in mice and suggest a protective role for fecal anti-lectin IgA in vivo.

L37 ANSWER 2 OF 7 BIOTECHNO COPYRIGHT 2010 Elsevier Science B.V. on STN
ACCESSION NUMBER: 2003:36741528 BIOTECHNO

TITLE: Fecal lactoferrin is a sensitive and specific marker in identifying intestinal inflammation

AUTHOR: Kane S.V.; Sandborn W.J.; Rufo P.A.; Zholudev A.; Boone J.; Lyerly D.; Camilleri M.; Hanauer S.B.

CORPORATE SOURCE: Dr. S.V. Kane, Department of Medicine, University of Chicago, MC 4076, 5841 South Maryland Avenue, Chicago, IL 60637, United States.

SOURCE: American Journal of Gastroenterology, (01 JUN 2003), 98/6 (1309-1314), 15 reference(s)
CODEN: AJGAAR ISSN: 0002-9270

DOCUMENT TYPE: Journal; Article

COUNTRY: United States

LANGUAGE: English

SUMMARY LANGUAGE: English

AN 2003:36741528 BIOTECHNO

AB OBJECTIVE: Lactoferrin is a glycoprotein expressed by activated neutrophils. The aim of this study was to determine the sensitivity and specificity of fecal lactoferrin concentrations for inflammatory bowel disease (IBD) or irritable bowel syndrome (IBS) versus healthy controls. METHODS: Fresh stool samples were collected from outpatients with ulcerative colitis (UC), Crohn's disease (CD), or IBS. Clinical disease activity for IBD was assessed using a modified Harvey-Bradshaw Activity Index. Fecal lactoferrin concentrations were determined using a polyclonal antibody-based enzyme linked immunoassay. Mean fecal lactoferrin concentrations for each group and sensitivity and specificity of the assay were determined. RESULTS: One hundred-four CD patients, 80 UC patients, 31 IBS patients, and 56 healthy controls were recruited. The mean \pm SE fecal lactoferrin concentration ($\mu\text{g/g}$ fecal weight) was 440 ± 128 for CD patients, 1125 ± 498 for UC patients, 1.27 ± 0.29 for IBS patients, and 1.45 ± 0.4 for healthy controls. Fecal lactoferrin was 90% specific for identifying inflammation in patients with active IBD. Elevated fecal lactoferrin was 100% specific in ruling out IBS. CONCLUSIONS: Fecal lactoferrin is sensitive and specific for detecting inflammation in chronic IBD. This noninvasive test may prove useful in screening for inflammation in patients presenting with abdominal pain and diarrhea. .COPYRG. 2003 by Am. Coll. of Gastroenterology.

L37 ANSWER 3 OF 7 BIOTECHNO COPYRIGHT 2010 Elsevier Science B.V. on STN DUPLICATE

ACCESSION NUMBER: 2000:30693911 BIOTECHNO

TITLE: Diagnosis of amebic liver abscess and intestinal infection with the TechLab Entamoeba histolytica II antigen detection and antibody tests

AUTHOR: Haque R.; Mollah N.U.; Ali I.K.M.; Alam K.; Eubanks A.; Lyerly D.; Petri W.A. Jr.

CORPORATE SOURCE: W.A. Petri Jr., University of Virginia Health System, P.O. Box 801340, Charlottesville, VA 22908-1340, United States.
E-mail: wap3g@virginia.edu

SOURCE: Journal of Clinical Microbiology, (2000), 38/9 (3235-3239), 32 reference(s)
CODEN: JCMIDW ISSN: 0095-1137

DOCUMENT TYPE: Journal; Article

COUNTRY: United States

LANGUAGE: English

SUMMARY LANGUAGE: English

AN 2000:30693911 BIOTECHNO

AB A noninvasive diagnostic test for amebic liver abscess is needed, because

amebic and bacterial abscesses appear identical on ultrasound or computer tomography and because it is rarely possible to identify *Entamoeba histolytica* in stool specimens from patients with amebic liver abscess. Here we report a method of detection in serum of circulating *E. histolytica* Gal/GalNAc lectin to diagnose amebic liver abscess, which was used in patients from Dhaka, Bangladesh. The TechLab *E. histolytica* II test (which differentiates the true pathogen *E. histolytica* from *Entamoeba dispar*) detected Gal/GalNAc lectin in the sera of 22 of 23 (96%) amebic liver abscess patients tested prior to treatment with the antiamebic drug metronidazole and 0 of 70 (0%) controls. After 1 week of treatment with metronidazole, 9 of 11 (82%) patients became serum lectin antigen negative. The sensitivity of the *E. histolytica* II antigen detection test for intestinal infection was also evaluated. Antigen detection identified *E. histolytica* infection in 50 samples from 1,164 asymptomatic preschool children aged 2 to 5 years, including 16 of 16 (100%) culture-positive specimens. PCR analysis of stool specimens was used to confirm that most antigen-positive but culture-negative specimens were true-positive: PCR identified parasite DNA in 27 of 34, (79%) of the antigen-positive, culture-negative stool specimens. Antigen detection was a more sensitive test for infection than antilectin antibodies, which were detected in only 76 of 98 (78%) amebic liver abscess patients and in 26 of 50 (52%) patients with intestinal infection. We conclude that the TechLab *E. histolytica* II kit is a sensitive means to diagnose hepatic and intestinal amebiasis prior to the institution of metronidazole treatment.

L37 ANSWER 4 OF 7 BIOTECHNO COPYRIGHT 2010 Elsevier Science B.V. on STN
 ACCESSION NUMBER: 1993:23210643 BIOTECHNO
 TITLE: Predictive value of diagnostic tests and prevalence of invasive *Entamoeba histolytica* infection ‡3!
 AUTHOR: Gonzalez-Ruiz A.; Miles M.A.; Warhurst D.C.; Petri Jr. W.A.; Haque R.; Kress K.; Wood S.; Wilkins T.; Jackson T.F.H.G.; Lysterly D.
 CORPORATE SOURCE: Dept. of Medical Parasitology, London Hygiene/Tropical Med. School, Keppel Street, London WC1E 7HT, United Kingdom.
 SOURCE: Journal of Infectious Diseases, (1993), 168/2 (513-514)
 CODEN: JIDIAQ ISSN: 0022-1899
 DOCUMENT TYPE: Journal; Letter
 COUNTRY: United States
 LANGUAGE: English
 AN 1993:23210643 BIOTECHNO

L37 ANSWER 5 OF 7 BIOTECHNO COPYRIGHT 2010 Elsevier Science B.V. on STN
 DUPLICATE
 ACCESSION NUMBER: 1993:23002871 BIOTECHNO
 TITLE: Diagnosis of pathogenic *Entamoeba histolytica* infection using a stool ELISA based on monoclonal antibodies to the galactose-specific adhesin
 AUTHOR: Haque R.; Kress K.; Wood S.; Jackson T.F.H.G.; Lysterly D.; Wilkins T.; Petri Jr. W.A.
 CORPORATE SOURCE: MR4 Bldg., Virginia Univ. Health Sciences Ctr., Charlottesville, VA 22908, United States.
 SOURCE: Journal of Infectious Diseases, (1993), 167/1 (247-249)
 CODEN: JIDIAQ ISSN: 0022-1899
 DOCUMENT TYPE: Journal; Article
 COUNTRY: United States
 LANGUAGE: English

SUMMARY LANGUAGE: English

AN 1993:23002871 BIOTECHNO

AB Monoclonal antibodies (MAbs) directed against pathogen-specific epitopes of the galactose adhesin of *Entamoeba histolytica* were used in an ELISA to detect antigen from pathogenic *E. histolytica*. Single stool specimens from 74 patients in Bangladesh were used. The ELISA for pathogenic *E. histolytica* was positive in all 12 stool specimens with pathogenic amebae subsequently cultured, in no stool specimens with nonpathogenic *E. histolytica* and in 2 of 40 stools with other or no intestinal parasites detected. Specificity and sensitivity of the assay for pathogenic *E. histolytica* were 97% and 100%, respectively. These preliminary data offer promise for an ELISA using MAbs to the galactose adhesin as a rapid and sensitive means to detect the presence of pathogenic *E. histolytica* infection in stool specimens.

L37 ANSWER 6 OF 7 BIOTECHNO COPYRIGHT 2010 Elsevier Science B.V. on STN
DUPLICATE

ACCESSION NUMBER: 1991:21105504 BIOTECHNO

TITLE: Protection against experimental pseudomembranous colitis in gnotobiotic mice by use of monoclonal antibodies against *Clostridium difficile* toxin A
AUTHOR: Corthier G.; Muller M.C.; Wilkins T.D.; Lysterly D.; L'Hardion R.

CORPORATE SOURCE: Lab. Ecologie Systeme Digest., Centre de Recherches de Jouy, 78352 Jouy-en-Josas, France.

SOURCE: Infection and Immunity, (1991), 59/3 (1192-1195)
CODEN: INFIBR ISSN: 0019-9567

DOCUMENT TYPE: Journal; Article

COUNTRY: United States

LANGUAGE: English

SUMMARY LANGUAGE: English

AN 1991:21105504 BIOTECHNO

AB The pathogenicity of *Clostridium difficile* is due to the production of two toxins (toxins A and B). We prepared monoclonal antibodies against toxin A and determined whether axenic mice passively immunized with the monoclonal antibodies were protected against *C. difficile* disease. The mice were kept in an isolator and were given ascites fluid intravenously prior to challenge with a toxinogenic strain of *C. difficile*. Control mice and mice receiving ascites fluid devoid of toxin antibody died within 2 days and had high levels of toxins A and B in their feces. Mice that received ascites fluid containing high amounts of toxin A monoclonal antibodies directed against the repeating units of the toxin survived. In protected mice, toxin B levels were similar to those in dying mice, but toxin A levels were greatly reduced. These data show that passive immunity induced by monoclonal antibodies against toxin A was effective against pseudomembranous colitis.

L37 ANSWER 7 OF 7 CONFSCI COPYRIGHT 2010 CSA on STN

ACCESSION NUMBER: 94:49577 CONFSCI

DOCUMENT NUMBER: 94-061547

TITLE: Analysis of clinical tests for the detection of *Clostridium difficile* toxin in fecal specimens

AUTHOR: Evans, D.T.; Boone, J.H.; Hahn, P.E.; Green, W.; Lysterly, D.

CORPORATE SOURCE: TechLab, Blacksburg, VA, USA

SOURCE: American Society for Microbiology, 1325 Massachusetts Ave., NW, Washington, DC 20005, Abstracts. Poster Paper No. C5. Meeting Info.: 942 5004: 94th Annual Meeting of the American Society for Microbiology (9425004). Las Vegas, NV (USA). 23-27 May 1994. American Association for

Microbiology.
DOCUMENT TYPE: Conference
FILE SEGMENT: DCCP
LANGUAGE: English

=> wilkins t/au

L38 2 FILE AGRICOLA
L39 5 FILE BIOTECHNO
L40 7 FILE CONFSCI
L41 0 FILE HEALSAFE
L42 11 FILE LIFESCI
L43 16 FILE PASCAL

TOTAL FOR ALL FILES

L44 41 WILKINS T/AU

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L45 0 FILE AGRICOLA
L46 2 FILE BIOTECHNO
L47 0 FILE CONFSCI
L48 0 FILE HEALSAFE
L49 2 FILE LIFESCI
L50 1 FILE PASCAL

TOTAL FOR ALL FILES

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=> dup rem

ENTER L# LIST OR (END):l51

PROCESSING COMPLETED FOR L51

L52 3 DUP REM L51 (2 DUPLICATES REMOVED)

=> d l52 ibib abs total

L52 ANSWER 1 OF 3 BIOTECHNO COPYRIGHT 2010 Elsevier Science B.V. on STN

ACCESSION NUMBER: 1993:23210643 BIOTECHNO

TITLE: Predictive value of diagnostic tests and prevalence of
invasive Entamoeba histolytica infection ¶3!

AUTHOR: Gonzalez-Ruiz A.; Miles M.A.; Warhurst D.C.; Petri Jr.
W.A.; Haque R.; Kress K.; Wood S.; Wilkins T.
; Jackson T.F.H.G.; Lysterly D.

CORPORATE SOURCE: Dept. of Medical Parasitology, London Hygiene/Tropical
Med. School, Keppel Street, London WC1E 7HT, United
Kingdom.

SOURCE: Journal of Infectious Diseases, (1993), 168/2
(513-514)

CODEN: JIDIAQ ISSN: 0022-1899

DOCUMENT TYPE: Journal; Letter

COUNTRY: United States

LANGUAGE: English

AN 1993:23210643 BIOTECHNO

L52 ANSWER 2 OF 3 BIOTECHNO COPYRIGHT 2010 Elsevier Science B.V. on STN
DUPLICATE

ACCESSION NUMBER: 1993:23002871 BIOTECHNO

TITLE: Diagnosis of pathogenic Entamoeba histolytica
infection using a stool ELISA based on
monoclonal antibodies to the galactose-specific
adhesin

AUTHOR: Haque R.; Kress K.; Wood S.; Jackson T.F.H.G.; Lysterly

CORPORATE SOURCE: D.; Wilkins T.; Petri Jr. W.A.
MR4 Bldg., Virginia Univ. Health Sciences
Ctr., Charlottesville, VA 22908, United States.
SOURCE: Journal of Infectious Diseases, (1993), 167/1
(247-249)
CODEN: JIDIAQ ISSN: 0022-1899
DOCUMENT TYPE: Journal; Article
COUNTRY: United States
LANGUAGE: English
SUMMARY LANGUAGE: English
AN 1993:23002871 BIOTECHNO
AB Monoclonal antibodies (MAbs) directed against pathogen-specific epitopes of the galactose adhesin of *Entamoeba histolytica* were used in an ELISA to detect antigen from pathogenic *E. histolytica*. Single stool specimens from 74 patients in Bangladesh were used. The ELISA for pathogenic *E. histolytica* was positive in all 12 stool specimens with pathogenic amebae subsequently cultured, in no stool specimens with nonpathogenic *E. histolytica* and in 2 of 40 stools with other or no intestinal parasites detected. Specificity and sensitivity of the assay for pathogenic *E. histolytica* were 97% and 100%, respectively. These preliminary data offer promise for an ELISA using MAbs to the galactose adhesin as a rapid and sensitive means to detect the presence of pathogenic *E. histolytica* infection in stool specimens.

L52 ANSWER 3 OF 3 LIFESCI COPYRIGHT 2010 CSA on STN
ACCESSION NUMBER: 81:21218 LIFESCI
TITLE: Enzyme Immunoassay for the Detection of *Clostridium difficile* Antigen.
AUTHOR: Yolken, R.H.; Whitcomb, L.S.; Marien, G.; Bartlett, J.D.; Libby, J.; Ehrich, M; Wilkins, T.
CORPORATE SOURCE: Dept. Pediatr., Johns Hopkins Hosp., Baltimore, MD 21205, USA
SOURCE: J. INFECT. DIS., (1981) vol. 144, no. 4, p. 378.
DOCUMENT TYPE: Journal
FILE SEGMENT: J; A; F
LANGUAGE: English
SUMMARY LANGUAGE: English
AB The anaerobic organism *C. difficile* has been implicated in the etiology of nearly all cases of antibiotic-associated pseudomembranous colitis and similar to 25% of antibiotic-associated diarrheas. Although infection with this organism can be detected by anaerobic culture of stool or by the measurement of cytotoxin, these assays require specialized facilities and cannot be performed in <24 hr. The authors thus developed an enzyme immunoassay (EIA) for the rapid detection of *C. difficile* antigen in specimens of human stool.